



United States  
**Environmental Protection Agency**  
Washington, DC 20460

☒ Registration  
☐ Amendment  
☐ Other

OPP Identifier Number

### Application for Pesticide - Section I

1. Company/Product Number Arkion Life Science / 69969-X	2. EPA Product Manager Gene Benbow	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Arkion Life Science / Anthraquinone Technical	PM # 7	
5. Name and Address of Applicant (Include Zip Code) Arkion Life Sciences c/o Landis International, Inc. PO Box 5126 Valdosta, GA 31603-5126 <input type="checkbox"/> Check if this is a new address	6. <b>Expedited Review.</b> In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to:  EPA. Reg. No. _____ Product Name _____	

### Section - II

<input type="checkbox"/> Amendment - Explain Below <input type="checkbox"/> Resubmission in Response to Agency Letter Dated _____ <input type="checkbox"/> Notification - Explain Below	<input type="checkbox"/> Final Printed Labels in Response to Agency Letter Dated _____ <input type="checkbox"/> "Me Too" Application <input checked="" type="checkbox"/> Other - Explain Below
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**Explanation:** Use additional pages(s) if necessary. (For Section I and Section II.)

PRIA R333 Conventional New Product Registration - New End-Use or Manufacturng-Use - Anthraquinone Technical  
A small business waiver request for 75% of the PRIA fee is being submitted with this application and the reduced fee payment of \$5208 is being submitted with this application. Please see the cover letter for additional details.

### Section - III

1. Material This Product Will be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Unit Packaging Weight. Number per Container	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Package Weight. Number per Container	<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
*Certification Must be Submitted					
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container 25 kg	5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Leaflet Accompanying Label			
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithographed <input checked="" type="checkbox"/> Paper Glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other _____					

### Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)					
Name Timothy Joseph		Title Regulatory Agent / Sr Project Manager		Telephone Number (Include Area Code) (229) 247-6472	
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.				6. Date Application Recieved  <b>(Stamped)</b>	
2. Signature		3. Title Regulatory Agent / Sr Project Manager			
4. Typed Name Timothy Joseph		5. Date February 1, 2021			